2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F93000004234

Address:

City-St-Zip:

5 EMPIRE DRIVE

SAINT PAUL, MN 55103

ntity Name: BAY WEST ENVIRONMENTAL SERVICES

FILED Feb 15, 2007 Secretary of State

Entity Nar	me: BAY WE	ST ENVIRONMENTAL SERVICE	ES, INC.		
Current Principal Place of Business:			New Principal Place of	New Principal Place of Business:	
5 EMPIRE ST. PAUL,	DR. MN 55103				
Current Mailing Address:			New Mailing Address	New Mailing Address:	
5 EMPIRE ST. PAUL,	DR. MN 55103				
FEI Number:	: 41-1234511	FEI Number Applied For()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and Address of Current Registered Agent:			Name and Address of	Name and Address of New Registered Agent:	
NRAI SERVICES, INC. 2731 EXECUTIVE PARK DRIVE SUITE 4 WESTON, FL 33331 US			SUITE 4	2731 EXECUTIVÉ PARK DRIVE	
	named entity e of Florida.	submits this statement for the pu	rpose of changing its registered	office or registered agent, or both,	
SIGNATURE:				02/15/2007	
	Electror	nic Signature of Registered Ager	nt	Date	
Election Car	npaign Financin	g Trust Fund Contribution ().			
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGE	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	SD (BACIG, EDWA 5 EMPIRE DR ST PAUL, MN		Title: Name: Address: City-St-Zip:	()Change ()Addition	
Title: Name: Address: City-St-Zip:	PTD (LARSON, LON 5 EMPIRE DRI ST. PAUL, MN	VE	Title: Name: Address: City-St-Zip:	()Change ()Addition	
Title: Name:	VD () KUPPENBEND) Delete ER, GENE A	Title: Name:	() Change () Addition	

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

Address:

City-St-Zip:

SIGNATURE: DAN DAMMEN CTRL	02/15/2007
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